## SCHEDULE B

(Form 5500)
Department of the Treasury
Internal Revenue Service Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation

## **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

OMB No. 1210-0016

▶ Attach to Forms 5500, 5500-C, 5500-K, or 5500-R if applicable.

This Form Is Open to Public Inspection

For calendar year	1982 or fiscal plan year	beginning	, 1982, and ending	<b>š</b>			, 1	9	
<ul><li>Please comple</li><li>Caution: A per</li></ul>	te every item on this for alty of \$1,000 will be as	m. If an item does not a sessed for late filing of	apply, enter "N/A."	➤ Round of	f amounts e is establ	to neare	st dollar	7.	
Name of plan sponsor as shown on line 1(a) of Form 5500, 5500-C, 5500-K, or 5500-R					Employer identification number				
Name of plan				di	ter three		Yes	No	
If "Yes," attacl	a funding deficiency for a copy of the IRS approduced ding deficiency of a prior	oval letter.							
3 Have any of the p If "Yes," attach	eriods of amortization for cha a copy of the IRS appro	irges described in Code secti val letter.	on 412(b)(2)(B) been ext	tended by IRS? .					
(b) Is this plan	ortfall funding method t a multiemployer plan w section 4241?	hich is, for this plan ye	ar, in reorganization a				7777777		
5 Has a change	ou are required to attach in funding method for ti a copy of the informatio	nis plan year been mad	e?						
6 Operational info (a) Enter most (b) Enter date(		on date   outions received this pla	n year for prior plan y	ears and not					
(d) Present value (i) For reservation (ii) Total .  (e) Present value (f) Number of (i) Active (ii) Termin	ue of the assets accumulate of vested benefits as of tired participants and beher participants  ue of nonvested accrued persons covered (includ participants  nated participants with participants and benefit	of the beginning of plan geneficiaries receiving particles as of the begin ed in the most recent a covered benefits	year: ayments						
7 Contributions m	ade to the plan for the pl	an year by employer(s)	and employees:						
(a) Month Year	(b) Amount paid by employer	Amount paid by employees	(a) Month Year	(b) Amount by emp	paid		(c) nount pa employe		
***************************************									
			Total						
	illed Actuary (see instruction owledge, the information supplied to the control of the control o		accompanying statement, if ar asonable expectations, and (	ny, is complete an (b) represent my i	i accurate, and pest estimate (	d in my opini of anticipate	on the ass I experienc	umptions e under	
Signature of actuary					Date				
<b>70000</b>	Print or t	ype name of actuary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ta	Enro	oliment nu		code)	